

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 9/744129	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2	/						52				
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7		/					57				
8		/					58				
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11		/					61				
12		/					62				
13		/					63				
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19		/					69				
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22							72				
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24							74				
25							75				
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28		/					78				
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32		/					82				
33							83				
34							84				
35		/					85				
36		/					86				
37		/					87				
38		/					88				
39	/						89				
40	/						90				
41		/					91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	7						TOTAL IND.				
TOTAL DEP.	28						TOTAL DEP.				
TOTAL CLAIMS	35						TOTAL CLAIMS				

PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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